

BOARD OF MEDICAL LICENSURE AND DISCIPLINE
FULL BOARD
MINUTES OF MEETING
8 JUNE 2005
Open Session

Board Members in Attendance:

Thomas Breslin, MD

Margaret Coughlin

Charles Cronin, DO

Robert Dinwoodie, DO

Joseph DiPietro, Esq.

Richard P. Iacobucci, MD

Noubar Kessimian MD

Henry Litchman, MD

Shelagh McGowan

Board Members Absent:

David R. Gifford, MD, MPH (Chair)

Robert Parrillo, Esq.

Dorothy Williams

Staff Members in Attendance:

Robert S. Crausman, MD, Chief Administrative Officer

Bruce W. McIntyre, Esq., Deputy Chief Legal Counsel

Linda Julian, Investigator

Mary Salerno, Administrative Officer

Angela Poon, Legal Intern

Russell Farbiarz, Legal Intern

Guests:

Herb Constantine, MD, Facilities and Regulations

1. A quorum was established at 8:40 AM.

2. On a motion by Mr. DiPietro seconded by Mrs. Coughlin it was voted to approve the minutes of the Open Session of the May 11th 2005 meeting.

3. On a motion by Mr. DiPietro seconded by Dr. Kessimian it was voted to approve the Licensing Committee minutes of the June 2nd 2005 meeting.

4. Chief Administrative Officer's Report

A. Dr. Crausman addressed the Board regarding the recent Department of Health action regarding John E. Curran who was advertising and treating patients with false information that he was a licensed MD and ND. Dr. Crausman spoke about the summary suspension of Dr. Curran by the Board and the Department of Health with regard to legislation that gives the Board jurisdiction over naturopathic physicians and people practicing medicine without a

license.

Dr. Crausman then addressed the newer members of the Board regarding the decision making process of opening or not opening a case. The Board becomes aware of possible cases through complaints by the public, interdepartmental notification, insurance claims, newspaper articles and the media. The Chief Administrative Officer then decides if a case warrants an investigation. If yes, the case is opened and sent to Committee. If no, then the complaint is filed for review if similar complaints are received in the future.

The resignation of the Department of Health's Chief Medical Examiner was then discussed. The question was raised as to whether or not the Board should open an investigation. On a motion by Mr. DiPietro seconded by Mrs. Coughlin it was voted not to open this case. The motion was passed by the full Board.

B. Dr. Herb Constantine from Facilities Regulations then addressed the Board with recent developments in the nursing home field. The Chopmist facility was discussed. It was mentioned that it is vital that Chopmist be brought back into full operation due to the population it serves. Many of its patients cannot go elsewhere. The issue of a "closing plan" for Chopmist and other facilities was discussed. It was noted that all facilities should have a contingency plan in place if closing becomes a possibility.

Dr. Constantine then discussed nursing home medical director credentialing with the Board. There was discussion of possible formal certification for medical directors and education for physicians regarding the regulations for medical directors.

A brief history of nursing homes, their past and present levels of care, and their funding sources was given by Dr. Constantine and Bruce McIntyre. In the past nursing homes were not equipped to treat patients with major medical problems and such patients would stay in the hospital for care. The hospitals were paid per day for these patients. Now hospitals are paid per diagnosis therefore causing them to release patients with serious health problems to nursing home facilities much sooner. Nursing homes are still trying to adapt to the demand for higher levels of care. Eighty percent of nursing homes are for-profit facilities. The remainder are religious or community non-profit facilities. Nursing homes became attractive 30 years ago to developers as investments due to the high amount of available federal funding. As long as the regulations were being met anyone could run a nursing home facility. With the tightening of regulations and severity of need the medical director is coming to the forefront as the person who can insure that facilities are run properly.

Therefore the role of the medical director, requirements of certification, and regulations have to be defined. It was suggested that all State of RI medical directors be mandated to attend 1 of 3 meetings throughout the summer to be updated on requirements.

C. The Draft Statement for multiple injection therapies was reviewed by the Board. On a motion by Dr. Cronin seconded by Dr. Kessimian the following Title and Statement was approved by the Board:

Delegation of Multiple Injections for Cosmetic Procedures

“Unlicensed providers are allowed to perform multiple injection therapies for cosmetic purposes only when performing such therapy under the direct supervision and visual observation of the responsible physician.”

“Similarly, delegation to licensed providers is allowable only when the responsible physician is present to supervise the multiple injection therapies unless the licensed provider’s scope of practice includes multiple injection therapies for cosmetic purposes.”

D. The Board then reviewed the article regarding laser hair removal.

E. The Policy Document of the FSMB titled “Model Guidelines for the Appropriate Use of the Internet in Medical Practice” and Legal Counsel Bruce McIntyre’s role in producing these guidelines was discussed and applauded by the Board. On a motion by Mr. DiPietro seconded by Mrs. Coughlin it was voted to put the phrase “State of RI” in the guidelines and post them on the RI DOH website.

F. Mr. McIntyre presented his Power Point presentation to the Board:

“Clarifying Roles of Physician Health Programs Licensing Board Relationships.” Mr. McIntyre gave this presentation at the Federation of State Medical Boards’ Annual Meeting in Dallas Texas in May.

Mr. McIntyre’s spoke about the current issues relating to working relationships, or lack there of, between state licensing boards and their local physician health programs. The Federation of State Physician Health Programs meets every 2 years and schedules their meeting to coincide with the Federation of State Medical Board’s annual meeting in order to foster better working relationships.

Mr. McIntyre’s presentation focused on topics such as: cooperation between state medical boards and the PHP; repair of broken relationships; the sharing of information; peer review; relationships with the media and perceptions by the public; funding, case presentations; regulations, national standards; communication; confidentiality; and the well-being, both mentally and physically of physicians.

The relationship between the State Medical Board and the PHP or PHC in Rhode Island is a good one. There is communication and sharing of information on a daily basis and the goal is to provide the State of RI with the best medical personnel available while taking into consideration the well-being of the public and the needs of the medical personnel.

5. There was no old business to discuss.

6. There was no new business to discuss.

7. At 10:35 AM the Board adjourned into Executive Session.